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Original Articles

A CASE OF SYPHILITIC MENINGITIS.*

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SYPHILIS is no respecter of tissues. When the human body is once invaded by this poison, there is no organ or tissue that is exempt from its ravages. While it is true that the skin and mucous membranes are the most visible and apparently the most frequent sites of its manifestation, still, on closer investigation, it is found that all the deeper structures are subject to the assaults of this terrible affection. Syphilitic disease of the bones, brain and nervous system have received the fullest attention, and volumes have been written upon these subjects, but it is only in recent years that syphilis of the meninges has been alluded to. In many of the leading works upon syphilis this subject is not even mentioned. In most of these treatises, the symptoms of syphilitic meningitis are included under the head of brain syphilis—a very different affection. Intracranial syphilis may affect either the meninges, the brain or the arteries, and these disorders differ widely from each other in symptoms, in effects, and in the course they run. A typical case of meningeal syphilis possesses very marked features and is readily differentiated from brain syphilis, either in the form of cerebritis or the effects of gummatous formations. It also presents well defined points of difference from leptomeningitis, commonly called epidemic meningitis, as well as from tubercular meningitis.

The specific symptoms and course of this disease are well illustrated in the following case:

A. B., age 40, a railroad trainman, of good family history and good general health, was seized, on the night of May 20th last, with a pain in the left posterior part of the head, reflected downward upon the posterior cervical region, which he described as dragging, boring, agonizing. Morphin was prescribed in the dose of one-fourth of a grain every hour, but not until two grains were given was relief obtained. The temperature rose to 103°, and vomiting and constipation were present. The vomiting was of that sudden projectile kind peculiar to cerebral or meningeal trouble. There was no coma or disturbance of the intellectual faculties. Stiffness of the neck and mild opisthotonos were marked on the third day, and continued throughout the course of the disease. The case was evidently one of meningitis; and in view of the fact that cerebro-spinal meningitis had been prevalent in this locality during the past winter and spring, the case was at first given that diagnosis. But in the course of investigation a history of syphilis was elicited. About ten years previously the patient had suffered from an attack of syphilis which had never received treatment, but in periods of short duration, and which had been followed from time to time with the various manifestations of that disease, until so recently as the past winter he had numerous mucous patches in the mouth and throat. He was now immediately placed upon antisyphilitic treatment, which was the best narcotic that had been found for the head pains. Potassium iodid was administered in twenty grain doses every three hours and free mercurial inunctions were applied daily. This treatment was followed within one week by a general improvment in all the symptoms. The pain disappeared entirely. The vomiting ceased, the fever subsided, and appetite returned; and although slight tilting backward of the head and stiffness of the neck remained, the patient became able to rise from his bed and walk about the house, and was considered fairly convalescent until the night of July 1st, when he suffered a second attack of this same peculiar pain, which was followed by fever and many of the symptoms accompanying the first invasion. But the same treatment, which had not been discontinued, being kept up, gradual improvement soon followed, and within one month all acute symptoms had disappeared, and the only apparent morbid conditions remaining were the fixedness about the neck and severe general prostration. And these conditions remain to the present time, although the patient is able to occupy a chair during a greater part of the day, has a good appetite, and may be considered convalescent. But the future cannot be wholly predicted.

The case was seen with me twice in consultation

*Read before the St. Louis Medical Society, Sept. 30, 1899.

by Dr. T. C. Witherspoon, and opthalmoscopic examination was made by Dr. A. C. Corr of East St. Louis.

A more complete account of the entire symptom complex of this case presents the following picture: Severe, persistent, peculiar pain in occiput; characteristic vomiting; fever; pulse rate below temperature rate; stiffness of neck and mild opisthotonos; loss of appetite; severe constipation; polyuria; urine of low specific gravity, but otherwise normal; partial paresis of left arm, also of bladder; history of syphilis; favorable effect of antisyphilitic treatment; the peculiar palor of constitutional syphilis; great weakness and depression; nervous prostration; sleeplessness; border of right optic disk blurred, but not sufficient to be pronounced choked disk; vision equals $\frac{20}{20}$; patellar reflex normal; mental faculties clear, but sluggish; convalescence after duration of three months.

In this group of symptoms it will be observed that the majority of them belong to ordinary meningitis, or cerebro-spinal meningitis. Aside from the history of syphilis, those which characterize the disease as syphilitic are the peculiar character of the pain, the effect of antisyphilitic medication, and the absence of any eye or ear affections either accompanying or following the disease.

The condition of choked disc or severe optic neuritis, which is so frequently met with in the usual form of meningitis, especially among children, did not appear in this case, and may not occur in this disease at all. Inflammation of the optic nerve in meningeal troubles is a symptom of great importance, and of comparatively recent discovery. It was Dr. Dickinson of St. Louis, I believe, who first brought this symptom to the notice of the profession. But so general has now become the knowledge of the importance and frequency of this symptom, that no investigation of a case of suspected meningitis would be complete without an ophthalmoscopic examination. But in syphilitic meningitis that morbid process differs so materially from that which occurs in the epidemic and more acute form of meningeal inflammation, that it is not surprising that affections of the eyes or ears should not occur in this disease; choked disc is usually met with in the more violent forms of leptomeningitis. Syphilitic disease of the meninges can hardly be called a meningitis—an inflammation, unless all morbid processes accompanied by an exudate are called inflammations. It is a meningeal disease, attended with an exudate, thickening deposits, etc., but does not possess the usual characteristics of the inflammatory process. We may have a syphilitic skin disease without a dermatitis, and likewise a syphilitic disease of the meninges without that inflammatory character that would result in inflammation and strangulation of the optic disc.

ADVERTISING IN THE MEDICAL PROFESSION.*

By Charles T. McClintock, M.D., Ph.D, of Detroit, Mich.

THIS paper has to do with advertising in the profession only. The advertising done by persons who make a business of medicine I shall not consider. I may have given too broad a meaning to the word "Advertise." I have used it to include all those means, the intent of which is to call the attention of the public or the profession to the user.

In order to practice medicine one must have patients to practice on. How may they be obtained? I believe it to be true that in obtaining a practice one's social qualifications are of more importance than one's ability. Undoubtedly the great successes in medicine come to the great men in medicine, to those peculiarly endowed by nature or fitted by training for their work. But taking average men and average success, I doubt if the best of them succeed best. Each of us can recall not one but numerous instances of capable men who go through life with a very limited practice, while across the street, it may be, some ignorant pretender has and keeps a large practice. Probably in no business, certainly in no profession, are the people so incapable of choosing the good from the poor as in the choice of a physician. Witness the success of the Christian scientist, the eclectic, osteopath, homeopath, and the whole brood of medical pretenders.

That medicine is a sort of magic art the people do and will believe. Go into any community and vehemently claim that you can cure cancer, consumption, or syphilis, and you will get patients. Claim publicly or in private that you have unusual skill, can do marvels, and you will find hearers. In any way, get and keep your name before the people and you will have patients. Barnum, the showman, used to say that he didn't give a —— what the papers said, so they said Barnum. It is much the same in medicine; hence the field for the advertiser. Claim ability, claim success, and there will be those who believe.

Many of the physicians whom I know are giving more time and thought to the securing of patients, advertising, if you choose, than to the study of their profession. I know a number of young fellows who are rusting in medicine because their time is taken up in advertising—lecturing in medical colleges, attending medical societies, not to learn, but to become known. They join the churches, the lodges, the clubs, speak whenever and wherever there is opportunity, laboriously prepare papers for the society and the press—papers whose weight of commonplace all but make the type groan.

I am honest in the belief that in my city, Detroit,

*Read before the American Academy of Medicine, Columbus, O., June 5, 1899.

there has not appeared in the last year a medical paper that is worthy of the second reading, or one worth filing away for future reference. I am privileged to say this, having published several papers myself during the year, yet our mails carry literally tons of advertising matter in the form of reprints.

We have some prominent men who customarily send out 5000 reprints of their papers, papers appearing in little obscure journals. Others among us scatter broadcast illustrated papers showing the "before and after taking" of orthopedic surgery. Still others kindly remember the school-marms with their reprints on subjects in which children figure. These are reputable men, college men, members of our medical associations, prominent men in the profession.

Probably the most skillful advertisers in the profession are to be found among those sitting in high places, the college professors. On the one hand the professor, on the other the public. The student, the physician-to-be, is the go-between; and how he does work that student for patients in the years to come! One of the favorite methods is to take the latest foreign work on the subject to be taught and give it to the student almost verbatim, as "in my opinion," "my experience," "I believe,"—and it succeeds, as is evidenced by the ever-increasing number of medical colleges which do not pay a dollar in salaries, and the clamor for positions on the faculties of our medical schools.

I need only to mention the sanitarium, perhaps the most transparent fraud on the code that we have. Have a sanitarium and you can advertise in the street-cars. Our code of ethics and our practice presumes that the people are fit judges of the physician's ability. I hold that this is not true. Were it true the quack and the advertiser would disappear. In law, if an attorney is weak, if he makes mistakes, if his opinion is not well-grounded, his associates at the bar delight in the opportunity to expose his mistake or weakness. The weakling is driven to the wall.

In the ministry the sermon is criticised; the man is compared with others of his profession; the people can judge.

But in medicine how is it? To the people the doctor must always approve of his colleague. You are called in consultation with Jones; you are sure he blundered in his diagnosis and utterly failed in his treatment, yet the unwritten code compels you to praise Jones to that family; to assure them that the case has been skilfully handled. Kill your patient through ignorance or clumsiness, and you can easily get the best consultants in the town to assure the family that it was heart failure. Probably we have all known of such cases.

In our local medical societies it is customary after you have been bored for half an hour listening to a poor, commonplace paper, to address the society with: "I have been much interested in the doctor's very thoughtful paper. I am sure we have all profited."

Now, not for a moment am I forgetting the gain that comes to the profession from our dignified, courteous treatment of each other. Neither am I arguing that another way would be the better. I am merely pointing out some of the evils that follow from our methods. As a profession we here encourage and there allow such practices, that to the people there is nowhere to be seen a line of demarcation between the reputable and the disreputable physician; between the William MacClures and the veriest quack. We blame the people when they choose wrongly, and yet we offer them no assistance in making their choice. We petition the legislature to step in and kill the weeds which we have permitted to grow. Abuses often arise because the laws of a profession or the state of society do not fit the times. Custom allows their slight transgression. This means license for him who chooses to make of it such.

I believe the code was adopted in 1846, fifty-three years ago. At that time we had few cities; 95 per cent. of physicians practiced in small communities. There was no necessity for his trying to make known his ability or qualifications; he couldn't help becoming acquainted; his success or failure with his cases was known to all the neighbors. People then, as now, in our backwoods communities, talked much of sickness, symptoms and death. There is a growing tendency to-day to regard illness as a personal, private matter—a something to be hidden from rather than paraded before one's friends and neighbors.

Contrast these conditions with those that will confront the young practitioner to-day in any of our larger towns or cities. Let him be well trained, of fair ability, a competent physician. Let him devote all of his energy to the practice and the study of his profession. Let him do none of those things, the intent of which is to advertise himself. I believe that in the average case he will be 50 years old before he has a fair practice. Near by, be it in your city or mine, he will see a number of men who have secured and retained large practices through what might be termed ethical advertising; at least they are in the profession, in our medical societies, write for our journals and teach in our schools.

Need we wonder if, under such conditions, the young M. D. is tempted to forsake the way of the fathers? Are there forces at work which give promise of correcting these evils? I do not see them, with the rapidly increasing knowledge of hygiene among the people, with State and city aid in the avoidance and suppression of pestilence, with our rapidly growing knowledge of the cause of disease, enabling us to limit infection, with better food and shelter, with the increase of office and hospital practice, where one man

can do the work of six in house-to-house visits. Given on the one hand conditions that are gradually lessening the need for physicians, and on the other an ever increasing number of medical colleges adding to the ranks, what must follow? We are often told that these difficulties are to be solved by more rigid requirements, by higher medical education. I do not believe it.

For some years I was connected with the University of Michigan. During that time the requirements were very materially increased, and it was noted that every increase in the requirements for entrance or graduation, was followed by an increase in the number of students. During the last few years the majority of the medical schools in this country have practically doubled their requirements, and still the number of medical students increases.

We cannot hope to prevent overcrowding in the profession. The best that can be hoped for is to so provide by law and custom that the most deserving shall receive their dues. This will not obtain so long as we have no legitimate way in which the man of ability can make known his qualifications to the people while we permit the pretentious advertiser amongst us to claim merits not his own. As it appears to me, we owe it not only to our ourselves but to the people, to the great world of need, to help them some way, somehow in selecting their medical advisers.

CHICAGO'S DRAINAGE CANAL.

BY HIRAM PHILLIPS, C.E., St. Louis.
Consulting Sanitary Engineer Missouri State Board of Health.

THE date for the opening of Chicago's great open sewer, by courtesy called the Drainage Canal, is nearly at hand. St. Louis has filed suit asking for an injunction to prevent its use. Considering the interests involved, the diversity of opinion as to the effect upon the Des Plaines, Illinois and Mississippi valleys, and the vagueness of national legislation upon the points in controversy, St. Louis will very probably not obtain the relief sought. It may be taken as a fact that the canal will be in operation in a comparatively short period of time.

Considering Chicago's geographical position and its topography, the disposal of its sewage, even when a small city, was a serious problem.

The conception, organization and construction of the canal is a matter of history. Chicago's sanitary district was organized under an act of the Illinois General Assembly and was duly approved by the Governor. It has been from its conception to the present time purely a State affair. Its promoters have never asked national sanction nor advice, nor counsel from the neighboring States. Chicago's attitude has always been: "We propose to build the Drainage Canal and we intend to use it." "We are convinced that it will be harmless; we have experts to prove it." They maintain that all opposition and criticism to the scheme are based upon either local jealousy or ignorance.

While assuring their neighbors that it will in no manner endanger their health, it is generally conceded that Chicago's opposition defeated the passage of Congressman Bartholdt's measure preventing the polluting of water courses with sewage.

To one acquainted with the history of the undertaking and details of construction it seems an engineering monstrosity, and as a sanitary measure a huge experiment. There is only one thing that can surely be predicted, and that is it will carry Chicago's sewage away from Lake Michigan.

One cannot fail to admire the sublime confidence of the tax-payers of Chicago in backing the enterprise with their millions. It was a confidence born of desperation. Their water supply taken four miles out from shore was being polluted, and Chicago River had become so foul as to beggar description.

The act passed by the Illinois legislature permitting its construction requires that the sewage be diluted with an amount of lake water in a certain proportion to the number of inhabitants.

Just why this proportion was adopted, no one outside of the officials of the drainage canal or their experts seems to know.

It certainly was not based on any known sanitary law. Several difficulties will probably be encountered in the operation of the canal. The current in the Chicago River cannot be increased so as to endanger shipping; the State dams, if removed, must not interfere with navigation, and provision must be made to guard against overflows. The quantity of water taken from Lake Michigan will be under government control. Judging from former successes, Chicago can secure from the State legislature such modification of this act as would suit its convenience, provided it does not clash with the National Government.

The promoters of the canal framed the act of the general assembly creating the "Sanitary District," and dictated the conditions under which the canal might be constructed. The act of the legislature requires that 20,000 cubic feet per minute of water shall pass through the canal for every 100,000 inhabitants of the district. Taking the last school census as a basis, the canal at the present time should have a carrying capacity of about 400,000 cubic feet of water per minute. The trustees of the drainage district will not better their cause before the world if they contend that they base their population upon the census of 1890 instead of the actual population of to-day.

Chicago's sanitary experts and bacteriologists assure St. Louis that the pouring of 150,000,000 gallons of raw sewage daily into the Illinois river will

be diluted and purified almost before it leaves the confines of the district; but St. Louis experts have grave fears of the results, and believe it will be a constant and increasing menace to the health and comfort of the entire Illinois valley and the inhabitants of the city of St Louis.

Chicago's claim, if admitted, that the sanitary conditions of the Illinois River will be materially improved by the operation of the canal does not improve the situation. It is possible, indeed very probable, that the use of the Illinois and Michigan Canal as a sewer has very seriously polluted St. Louis water supply. The present epidemic of typhoid fever in St. Louis may be the result of Chicago's filth and germs.

Chicago claims that it is unjust for St. Louis to stand idly by and watch the expenditure of millions on the canal and then object to its use. St. Louis has no control over the expenditures of Chicago.

St. Louis wishes Chicago well. She would regret a partial failure of Chicago's pet scheme. If, as many predict, the operation of the canal will develop defects that call for radical modifications of the plans, and a probable enormous increase in the cost, it will be severely regretted by all who have watched Chicago make the experiment.

As far as St. Louis is concerned, with Chicago it is an interstate affair, and as such should be taken up by the Federal Government.

The opinion of St. Louis experts that the canal will pollute St. Louis water supply will not bring relief from the courts.

A semi-political junketing party, a hurried trip along the canal as guests of the Trustees of the Drainage District, and a unanimous report of "We condemn the canal," will have no moral or legal effect.

The Illinois River to-day is badly polluted. Very few if any of the cities on its banks obtain water from it for municipal use.

The effect upon it, polluted as it is, cannot be ascertained by the most scientific and accurate observer in a day or even a month.

It would require many chemical and bacteriologic tests of the water, taken from various stations along the river, to determine its true condition and the effects of the sewage. These observations should be thorough and extensive. If by this means it is found that the waters of the Illinois and Mississippi Rivers is polluted to a point rendering it unsafe for use as a source of water supply, then will there be ample justification in demanding of Chicago purification of its sewage before starting it St. Louisward.

Let us hope that the inauguration of the Chicago canal will arouse Congress to enact sanitary laws to protect our streams from pollution, and that it will not await a pestilence or a plague to insure this much-needed legislation.

Notes and Items

Dr. Jacob Friedman has been elected attending physician to the Alexian Brothers Hospital.

The very latest report regarding the spread of the plague, is that it has made its appearance in Brazil, where it is thought to have been imported from Portugal.

The following is the program of the St. Louis Medical Society of Missouri, Saturday evening, November 25th, 1899: "Cases in Practice: 1. Adenocystoma Hepatis; Operation; Recovery. 2. Polycystic Degeneration of Both Kidneys," by Dr. J. B. Ross.

At the recent meeting of the Southern Illinois Medical Association, Dr. J. A. Egan, Secretary of the Illinois State Medical Association, explained in detail the provisions of the Illinois Medical Practice Act, and gave assurance that efforts were being made to urge the next Legislature to pass a bill still further increasing the standard. The society, by resolution, endorsed the movement, and thanked the board for the good work already accomplished.

The frequency with which infection is becoming the subject of medico-legal inquiry is shown in a recent suit tried in Canada. An employe of a tannery died of anthrax acquired from some infected hides. The widow brought suit and was awarded $1000, with $500 additional for each of the children. The inference to be drawn from the court's decision is that employers are responsible to their workmen to the extent of using due diligence to protect them from infectious diseases incident to their occupation.

The Department of Superintendence of the National Educational Association, at its meeting in 1898, appointed a committee to recommend a list of words in which a simplified spelling should be employed. The Board of Directors of the National Educational Association, at the last meeting, formally adopted this list of words, which is as follows: Program (programme), tho (though), altho (although), thoro (thorough), thorofare (thoroughfare), thru (through), thruout (throughout), catalog (catalogue), prolog (prologue), decalog (decalogue), demagog (demagogue), pedagog (pedagogue).

Not long since we spoke of the relation which is thought by some writers to exist between beriberi and malaria. At that time we stated our belief that the two affections were distinct, basing this upon the fact that in certain parts of the world malaria was very virulent and attacked a large number of people. In these regions the peculiar manifestations which characterize beriberi are unknown. Fajardo has recently reported the discovery of a hitherto undescribed protozoan organism which he believes is a cause of this disease. Beriberi is very common in Brazil, where

Fajardo's observations were made. The parasites are found in the circulating blood and later in the internal organs, and are strikingly like those of malaria. They are said to be ameboid bodies, transparent at first, but later showing small pigmented granules. They are distinguished from the malarial parasite by their peculiar spindle-shaped bodies. Multiplication is by spore formation.

"It must be admitted that the scandal of our times is the shameful ignorance shown by an infinite number of physicians concerning the real action of drugs. Although our practitioners are pretty fair clinicians, they are almost all unaware of the true properties of the remedies which they handle every day with extraordinary heedlessness." The above is asserted by a French professor of materia medica, and we give it for what it is worth. Perhaps in a measure it is true, though we doubt if it is quite of so universal application as the quotation would indicate. The average physician is lamentably ignorant from the standpoint of the teacher of materia medica; that is, he is not able to give the pharmacology or chemical formulæ, and perhaps only a very general idea of the physiologic action of various drugs. When it comes to the application of these drugs in the treatment of disease at the bedside of a patient, there, we think, the general practitioner is capable of instructing the professor of materia medica. In this practical application we have often seen the professor of materia medica piling up monumental blunders that would disgrace an undergraduate.

Under date of October 4, 1899, a correspondent to the *Pharmaceutical Era* writes of the return to Paris of the two French delegates sent to study the plague in Portugal. These were Drs. Calmette and Salembini, of the Pasteur Institute of Paris. As soon as they reached Portugal they began experiments upon animals with the anti-plague serum prepared at the Pasteur Institute. Two cubic centimeters gave immunity to a monkey; a 100th part of that quantity sufficed for a mouse. The curative properties of the serum were tested upon animals, they first having been infected with the plague bacillus and then treated with serum. One monkey, which was already moribund with a large bubo, was saved. In the human subject, five cubic centimeters of the serum furnished immunity for twenty-five days. The few cases in which it was tried in the human being all recovered, but there was great difficulty in securing the co-operation of the people. In one house a corpse remained hidden for three weeks. Only those who were in a desperate state or had been abandoned by their family and friends were brought to the hospital. Salembini was stoned, the foreign physicians generally being treated as sorcerers and poisoners. Toward the last of the stay of the French physicians, popular favor began to turn in their direction, and during the last three days they administered preventive serum to 423 persons, which included the firemen, who had been employed to remove the dead. Calmette is of the opinion that the plague in Portugal is identical with that of the black death in the middle ages. He thinks there is no danger of the extension of the disease to Paris, as there is sufficient serum in the Pasteur Institute to vaccinate every one in the city.

According to the *Journal de Medicin de Paris*, the pest is reported in Paraguay. The first case was noted in Assumption, on the 9th of September, and occurred in a member of a battalion of infantry. Up to the 20th of September there had been forty-six cases, with thirty deaths. This epidemic was first regarded as one of typhoid, but Voges and Define identified the microbe of bubonic plague. It is claimed by Stocklin of the Bacteriologic Institute at Cordova that the infection belongs to the *pestis minor* or *pestis ambulans*, that it is not alarming, and that the epidemic will soon be suppressed; in fact, that this form of disease occurs in Paraguay almost every year. Notwithstanding these views, a strict quarantine has been established between the Argentine Republic and Paraguay. The appearance of the plague in these regions confirms the fears of those who have believed that there would be a recrudescence of this malady, and that it would pursue its slow course until all the countries of the world would be more or less invaded. Of course modern sanitary science will do a great deal to limit its ravages, but it has been strikingly inefficient in preventing its onward march up to date.

The "Peculiar People" are a sect which are very much in evidence in England. There seems to be a close relation between the faith and practices of these individuals and the Christian Scientists and Dowieites of the United States. They neglect to provide medical attendance for their children, and they have repeatedly affirmed that in cases of illness they trusted solely to the Almighty. Recently one of them admitted that in the case of a broken leg he would send for a physician. This resulted in a row in the sect, which may lead to its breaking up. Throughout all English speaking countries there has been a wave of superstition which has been characterized by faith-healing, magnetism and other absurdities and practice. It began nearly twenty years ago, but it was at least a decade before the movement reached any importance. When the history of the nineteenth century shall be written it will have to take account of this movement, and the curious fact will be noted that this reversion to the middle age superstitions has gone hand in hand with the most remarkable development of medical science and coincidental with the foundation of a science of biology.

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APPENDICITIS LARVATA.

Under this term are included certain cases of a chronic character in which the disease is referred to other organs than the appendix. The symptoms in these cases are by no means confined to the region of the cecum, and tenderness over this region is not always present, though it may occasionally be. In patients with comparatively thin abdominal walls, the inflamed and thickened appendix may be felt, together with exudate, in this region. In cases in which this more exact study is not possible, a certain sensation of resistance may be felt upon palpating over the cecum, it being apparent when palpation is made upon the opposite side of the abdomen at the same time for comparison. The history of ancient attacks of acute appendicitis can frequently be obtained.

The abdominal disturbances which are present in these cases are variable; in some a chronic dyspnea and occasional attacks of vomiting, followed by a general improvement in the condition of the patient when alkalies or hydrochloric acid are given. This leads to the diagnosis of gastric catarrh; indeed, it is probable that the latter condition is present in some degree. More frequent than stomach disturbances are those connected with the large intestine; irregular defecation, accompanied frequently by pain. An examination in these cases will usually reveal tenderness in the right iliac fossa, and upon operation the appendix will be found to be at fault, being adherent and thickened. In these cases we have what is commonly called a reflex pain. In reality, they are not of that sort, but the diffusion of pain is due to the non-medullated nerve fibres and the absence of localization throughout the regions supplied by the sympathetic nerve. Of course, the disturbances in the abdominal organs are of a reflex character, and whatever of pain may occur from these physiologic disturbances might be put down in the latter category. In most cases the pain is to be attributed to simple diffusion.

MORPHINISM AND PHYSICIANS.

T. D. CROTHERS, in an article before the New York State Medical Association, said that morphinism was a modern disease of physicians. The materials upon which he based his conclusions were obtained from the investigations of a committee of which he was appointed chairman in 1890. This study included 3,244 physicians, and showed twenty-one per cent. using spirits or drugs to excess—six per cent. in the clutches of morphin or opium; another ten per cent. using opium or other drugs secretly; and fully twenty per cent. of the total, including the opium users, using spirits in what they called moderation. Another group of physicians showed seven per cent. using opium and morphin, and six per cent. secret drug takers. "From my own knowledge," Dr. Crothers continued, "and from what I have learned from other physicians, I believe that from six to ten per cent. of medical men are opium inebriates. That this estimate is conservative may be assumed from the fact that all drug takers, and medical men in particular, conceal this habit. Morphinism is increasing among physicians. Private insane asylums show a growing percentage of medical men among the patients, their insanity due to drug addiction."

We confess to a feeling of surprise upon reading these statistics. We are fairly familiar with the profession, and believe that if anything like six or ten per cent. of physicians were addicted to the use of morphin we should have found it out. That there are too many physicians addicted to drug habits, and not a few who excessively use alcoholic intoxicants, is only too true; still we are disposed to question the statistics of Dr. Crothers, which we are sure are gathered from a selected class, and do not represent the prevalence of these conditions in the profession at large. The quotation we have made is taken from the *Philadelphia Medical Journal*, and says: "From my own knowledge, and from what I learn from other physicians, I believe that from six to ten per cent. of medical men are opium inebriates." This would give the enormous number of from seven to fourteen thousand physicians addicted to opium in the United States, to which must be added a similar number who are addicted to the excessive use of spirits.

To those of our readers who have not the pleasure

of Dr. Crothers' acquaintance, and who will inevitably believe that he has done the profession a grave injustice in advancing these figures, we will say that he is the editor of the *Quarterly Journal of Inebriety*, and that he has done much in the scientific study of alchoholism and kindred affections. In the crusade against the liquor and drug habits many enthusiasts believe that one swallow makes a summer, and, naturally, one drink makes an inebriate. We feel that this tendency must have biased the conclusions in this article. We are told that drug takers, and medical men in particular, conceal the habit. Nothing is more difficult to study than statistics, and we almost regret that there is not some statistical supreme court, where studies of this kind could be sent for their approval before they are published. At least we should then feel that the conclusions were unbiased by preconceived notions or overwrought enthusiasm.

THE CARBOLIC ACID TREATMENT OF TETANUS.

Occasional reports are seen in the periodical medical press of recovery from traumatic tetanus after the use of carbolic acid. Occasional recoveries are also noted where antitetanic serum has been employed. Kanthack in 1897 published an exhaustive review of the literature of the treatment of tetanus. He came to the conclusion that the prognosis in acute and serious cases of tetanus had not been changed by the introduction of the antitetanic serum. In some cases he believed that it lessened the spasms, pain and distortions, and that it might reduce the mortality. He claimed that there was not a single authenticated case of acute traumatic tetanus developing within a week which had been successfully treated by the antitetanic injections.

Richter, who studied the prognosis in reference to the period of incubation in 717 cases, says that ninety-five per cent. die where there is an incubation period of less than ten days.

That recovery does take place in acute cases with a short incubation is shown by the report of Dr. G. O. Coffin of Kansas City, who treated with antitetanic serum a case in which the incubation period was but four days; this case was followed by recovery. The highest temperature reached in this case was 105.4° and the pulse rate was 128. J. W. Foster of the same city reported a successful result; in his case the incubation period was six days and the pulse rate 130.

In Italy the treatment by the injection of carbolic acid, devised by Bacelli, has many upholders. Ascoli, at a meeting of the Royal Academy of Medicine in Rome, 1898, gave a comparison of the relative values of the serum of Behring and Tizzoni and the carbolic acid treatment. With Tizzoni's serum, eight out of forty died; with Behring's serum No. 1 four out of forty died, and with Behring's serum No. 2 two out of nine died. The carbolic acid treatment had a mortality of one in thirty. It is claimed by Italian writers that a large quantity of the drug is tolerated in tetanus. They commonly employ a three per cent. solution. The total quantity injected varies from one to ten drops, and the total dose in twenty-four hours is about forty-five minims.

Many of the earlier cases treated with serum should be excluded, as too small doses were employed, and in many cases the serum was very weak. Late improvements in the preparation of this serum and larger doses have given better results. After the disease has developed very large doses are required, but comparatively small doses are efficient if it is given before the convulsions develop.

D. S. Hanson, in the *Cleveland Medical Gazette*, October, 1899, describes a boy aged fourteen, who received a gun-shot wound in the foot. The physician urged that the wound should be carefully and thoroughly disinfected, but the parents would not permit this. Nine days after the injury there was rigidity of the muscles of the neck and jaw. The following day the jaws were firmly closed and general muscular rigidity was marked. During the paroxysms respiration was extremely difficult and the abdominal walls were very tense. Chloroform was given, the wound freely opened, and a quantity of wadding and shot removed and the wound thoroughly drained. It is to be regretted that the report gives no account of temperature or pulse, but the description shows that it was a severe case, with a comparatively short period of incubation. The carbolic acid treatment was carried out, the patient receiving three injections a day for nine days. A two per cent. solution was employed, of which a syringeful was injected each time. The size of the syringe is not given. At the end of nine days the urine became cloudy, and the injections were reduced to two daily for the next two weeks. The only other medication employed was small doses of eserin, with the injections given during the last two weeks. The boy made a perfect recovery.

While it would seem from these figures that, with regard to well-developed tetanus, carbolic acid is the most efficient treatment at our command, we must not forget that the course of this disease is of such an exceedingly variable nature as to make the simple enumeration of cases, without regard to the history and symptoms in every single case, absolutely inconclusive. Our knowledge of the pathology of tetanus and of the specific affinities of the tetanus-toxin, as well as of the now fully established mode of combination of toxin and antitoxin, explain perfectly why the serum treatment must in a great number of cases remain unsuccessful. We make the diagnosis of tetanus, only after the appearance of the classic

symptoms, that is at a time when the disease has been existing for a longer or shorter period, and has reached a degree of severity to cause these symptoms. Toxin bound within the nerve-cell cannot after a short time be released by antitoxin; the latter acts mainly on the toxin present in the blood and lymph. Since the early stages of the disease cannot be recognized by external symptoms, antitoxin mostly comes too late. Prophylaxis, when it is indicated, ought to be used on a large scale.

A GOOD MEDICAL SERMON.

The recent disclosures anent Dowie's faith-healing, in Chicago, has called forth extended comment from various pulpits on the religious aspect of faith-healing, Christian science, etc. Among the most eloquent of these we select the following as a fine example of good theology and sound logic:

"No man, even in the name of religion, should be permitted to neglect the body in health or to neglect the body in sickness. They are the temples of the living God and temples of His Spirit. Sickness is the common heritage of humanity. It is not a sin to be sick, but it is a sin to neglect final restoration to health. God is not to be ruled out of the medical profession any more than He is to be ruled out of any other department of life.

"Beware of any man who seeks to overthow medicine. No man has the right to say 'Give us this day our daily bread,' unless he does it by honest industry. He must not expect to pray and then sit down and expect God to send him bread. God has furnished bread in honest work. It would not be right for me to pray God to heal my child and then sit calmly down and do nothing, or ask some one else to pray for it. The child dies, and it dies of neglect.

"Doctors of Chicago need no vindication from this pulpit. I have called upon them frequently to administer to the sick and poor, and to go in many places to houses where the disease was contagious, and I have never had any one refuse my request. Trained nurses, too, have answered my call, and today one who comes from this little congregation is ministering to the sick and wounded in Manila.

"Herod was a monster, and he slew the babes of Bethlehem, but he was not as great a monster as neglect. More children die in the city of Chicago from neglect in the name of religion than Herod slew. I ask that the privilege of teaching a heresy which allows parents to neglect their children find not a place in our fair city. It was the Roman soldiers who slew the children of Bethlehem; but in Chicago it is the parents who are so hypnotized that they neglect their children and depend upon prayer. Do you wonder that people rise in their wrath and go for the man and protest that they should be taxed to protect such a man? In the name of outraged people, and in the name of an outraged profession, you should disapprove of that heresy known as 'faith healing,' and those who preach it and those who believe in it."

THE ARMY MEDICAL SERVICE.

The army as a career for medical men in this country has in the past attracted little attention. After the Rebellion, 25,000 soldiers comprised the whole of our standing army. This was subsequently somewhat reduced and again raised to about 30,000 men. Aside from service in the various Indian campaigns on the frontier, there has been very little opportunity for active medical service, so that a medical career in the army was practically limited to the routine life of an army post, the treatment of cases of pneumonia or other sporadic illness, with an occasional fracture to suggest the surgical part of a military service.

The Spanish war came, and at once all this was changed; not only was there an increase in numbers, but after the close of the war in Spain our new possessions necessitated a great increase in the standing army and an opportunity for foreign service. The present outlook is favorable for the continuation of this increase for an indefinite number of years; hence the possibility of a satisfactory medical career in both army and navy is greatly enhanced, providing by the word satisfactory is understood an opportunity to treat sick people and face danger, with a fair probability of contracting some severe tropical disease.

The lessons of the late war with Spain show that the title of the medical man connected with the army should be changed from that of surgeon to physician, even in times of active service. Vastly more cases of typhoid, dysentery, and other diseases which are properly classified under internal medicine, were treated, than gun-shot or other wounds resulting from casualties in the fields. Even in the fighting now going on in the Philippines, greater knowledge of internal medicine and internal diseases is required in caring for the troops than surgical technique. The late war has proven that the opportunities for high surgical skill at the front are limited. The modern small arm either kills at once, or seems to do very little damage. Unless early infected, the secondary consequences of these wounds are slight. About all that seems to be necessary in field work is such practical knowledge and antiseptic work as is taught in every first-class hospital, and the application of general surgical principles in the care of the wounded. Opportunity for tying the innominate artery, or even the subclavian, is somewhat remote in field work especially since the great range of the modern small projectile has necessitated that the field hospital be somewhat further to the rear than was the case in the war of the Rebellion.

DR. HENRY HODGEN MUDD.

Early Monday morning, November 20, Henry Hodgen Mudd, after a useful but withal too short life, closed his eyes to all the cares and toil of earth. The trials of a busy professional career and the wear and tear resulting from the painstaking care that he gave to everything he undertook, cut short his life, which should have been spared for many years of useful work.

He was a man or great determination, who never faltered because of obstacles, but who toiled on, firm in the conviction of the correctness of his opinion. As the years grew upon him, bringing to him fruition of his hopes and struggles, he never paused for self-congratulation, but continued in his work with the same zeal that characterized his earliest efforts.

Viewing his career with the dispassionate eye of one who was not of his circle of intimate friends, he must be considered as one of the first medical men in St. Louis. Certain it is that no man was of greater power in impressing his personality upon the profession. From the time of Hodgen's death until his own, he was the guiding star and oracle of a large portion of the profession of St. Louis and the vicinity. His final contribution to medical affairs in St. Louis—the consolidation of the St. Louis Medical College and the Missouri Medical College—exhibits the extent of his plans and the success of his undertakings.

As instructor in the St. Louis Medical College for twenty-seven years, including its most prosperous period, he wielded an influence second to none. As a surgeon, his work was conservative, conscientious, and more given to consideration of results than dash, brilliancy and rapidity. As a man, his character was above reproach. As a father, husband and son, his affection was ideal. In toto, he was a man of purpose, conscience and sincerity.

Dr. Mudd, the son of Henry T. Mudd, who survives him, was born at Pittsfield, Ill., April 27, 1844; educated in the St. Louis Public School and in the academic department of the Washington University; graduated in medicine at the St. Louis Medical College, 1866; Assistant Physician to the St. Louis City Hospital, 1866–67; Acting Assistant Surgeon United States Army on duty with the 13th United States Infantry in Montana, 1867–68; Prosector and Demonstrator of Anatomy, St. Louis Medical College, 1872–83; Professor of Anatomy, 1880–83; Professor of Anatomy and Clinical Surgery, 1883–86; Professor of Surgical Anatomy and Clinical Surgery, 1886–90; Professor of Clinical Surgery and Dean of the Faculty, 1890–99; Professor of the Practice of Surgery and Clinical Surgery and Dean, 1899.

His most prominent contributions to medical literature were the following:

"Reference Handbook of the Medical Sciences;" Article on Hernia, Hodgen Suspension Splint, and Operations for Facial Neuralgia, 1886.

"A New Method of Incision of the Intestine." Read in the Section on Surgery at the Thirty-ninth Annual Meeting of the American Medical Association, May, 1888.

"Lacerations of the Kidney, with a Nephrectomy." *American Journal of the Medical Sciences*, February, 1889.

"Report of Special Cases of Abdominal Section." *Medical Mirror*, 1891.

"Echinococcus Multilocularis of the Brain." *American Journal of the Medical Sciences*, April, 1892.

"The Usefulness of the X-Rays in Medicine and Surgery." Read before the Twenty-second Annual Meeting of the Southern Illinois Medical Association, May, 1896.

"The Indications and Limitations of Celiotomy Furnished by the Liver, Not Including Injuries." Read before the St. Louis Medical Society, March 13, 1897.

"Modern Medicine and Modern Surgery." Read before the Round Table, November, 1897.

"Surgery of Mouth and Tongue." *Dennis' System of Surgery.*

"Special Fractures and Dislocations." *Park's Surgery by American Authors.*

At a special meeting of the St. Louis Medical Society, the following resolutions were unanimously adopted:

The St. Louis Medical Society and the profession at large are again called upon to mourn the death of one of its most distinguished members, in the person of the late Dr. Henry Hodgen Mudd, which sad event occurred at his home, in this city, on November 20th, in the 56th year of his age.

In the death of Dr. Mudd the medical profession suffers the severest loss it has sustained in years. He was one who united in himself many rare talents and sterling virtues. In his chosen profession he had attained to an eminence reserved to but few. As a man, he impressed all who approached him, by his force of character, fearlessness, and devotion to the loftiest ideals. His death was largely due to his continuing at the post of duty after his waning physical strength had warned him of approaching danger; so that we may say he died a martyr to his ideals and to his work.

Even more than most physicians, Dr. Mudd had the power, without seeming effort on his part, of winning the esteem and affection of his patients. Few men have been more loved.

It is difficult among so many virtues and excellencies to select a few for mention, but if any can be singled out they are his indefatigable industry and his honesty of purpose, which knew neither fear, favor, nor compromise.

The younger members of the profession lose in him an ever ready friend and helper; the older ones, a loyal

confrere, more ready to cover the faults of others than his own.

The Medical Society of City Hospital Alumni passed the following resolutions:

Whereas, The Medical Society of City Hospital Alumni has received with profound sorrow the news of the death of one of its earlier and more distinguished members, Dr. Henry Hodgen Mudd; therefore be it

Resolved, That in the death of Dr. Mudd the society has suffered an irreparable loss; not only as a member who unstintedly gave to us the results of his ripe experience, but also as a man whom we respected for his splendid professional uprightness.

Further, That the community in which he lived has been bereft of an honorable and zealous citizen, a man of wide cultivation and breadth of scope. His family mourn a dutiful son, a loving brother and a tender father. The medical profession has lost a member than whom no other one was more conspicuous for devotion to duty, self-abnegation in the performance of it, and modesty in the contemplation of his own work.

In the practice of surgery he was careful in judgment, gifted in diagnosis. He combined two qualities rarely found in the same individual—operative boldness and wise conservatism. He was resourceful in emergencies, fertile in invention. His surgical domain was wide; he excelled in every field.

As a teacher of surgery he was concise, clear, direct; he possessed the greatest of all faculties for an instructor—the ability to make the student think for himself. From the very wideness of his knowledge of medicine he was able to render luminous even the most obscure subject.

Towards his patients he was gentle, tactful, infinitely considerate, yet firm when occasion demanded. His patients knew that what he did was for them—never for himself. They trusted him implicitly, and their trust was never betrayed.

In his relations to his fellow-practitioners he was always the courteous gentleman. Never obtrusive in his opinions, he was always willing to admit an error, but he adhered steadfastly to a judgment he felt was right.

His contributions to medical literature have been numerous and noteworthy. His writings are authoritative and are characterized by methodical arrangement, clearness, and force.

To those who knew him intimately, Dr. Mudd's memory will always be very precious. He was not a man who gave his friendship at hazard, and perhaps for that very reason it had finer and rarer fragrance for those on whom he chose to bestow.

The East St. Louis Medical Society passed resolutions as follows:

Whereas, We are all pained to learn of the untimely death of our esteemed professional brother, Dr. Henry H. Mudd; therefore be it

Resolved, That we deeply deplore his death as a sad loss, not only to the medical profession, his family and friends, but to the entire community.

Resolved, That we view the character, the modest and conscientious conduct, and the high scientific attainments of Dr. Mudd as an honor to the profession, and an example and inspiration to all its members.

Resolved, That as a mark of our love and esteem a floral offering be sent, and that this society attend the funeral in a body.

Resolved, That these resolutions be spread upon the minutes of this society, and that a copy be forwarded to the bereaved family.

Virchow recently celebrated the seventy-eighth anniversary of his birth, on which occasion he received the congratulations of various medical organizations. He has occupied a professional chair for fifty years. It is to be hoped that his scientific activity will continue for many years.

The Indian Medical Service is much exercised over certain graduates of Chicago medical colleges who have recently been appointed in the plague districts. One of these appends the following to his signature: "M.D. (Chicago)." A large number of diplomas were distributed in India by Van Noppen, who was a co-worker of Armstrong in the notorious Independent Medical College of Chicago.

W. H. Heath, in a recent address on the student in medicine, has this to say on the value of case note-taking: One case well studied is worth a dozen skipped over. Each case should be followed with the utmost care, and no detail, however trivial, should be overlooked. Each case thoroughly investigated and recorded will be indelibly fixed on the memory and serve as a standard for after comparison. It will often seem that the minuteness of details and elaboration of written reports are a waste of time. There is no greater mistake than this. The training thus obtained in observation of symptoms and physical signs is invaluable; even if it shows the patient is sound, the time spent is not wasted. There are more mistakes in diagnosis from incomplete examination than from false deduction; the latter is excusable, though serious; the former less serious, but perchance inexcusable. In this way only can the living picture of the disease be best studied, and particularly when followed by systematic reading. One whose knowledge of disease comes from books is sadly off, for it is proverbial that many of those with the greatest stock of book learning are by no means those who best know how to apply it. Their opinion in sickness is vastly inferior to that of the man who, with less quantity of knowledge, has cultivated observation with study.

Society Proceedings

ST. LOUIS MEDICAL SOCIETY.

SATURDAY EVENING, SEPTEMBER 30, 1899, THE PRESIDENT, DR. JOSEPH GRINDON, IN THE CHAIR.

DR. H. C. FAIRBROTHER read a paper on

A Case of Syphilitic Meningitis.*

DR. H. JACOBSON: Dr. Fairbrother's case differs from one which I had under my care during the last six years. In this case there was decided choked disc, due to intracranial pressure. He had the usual symptoms indicating gummata of brain and meningitis. He has been under my observation the last six years, during which time the different phases of syphilis manifested were ulceration of tongue, throat, nose and lips, gummata of left knee, frontal bone, leaving a deep excavation on left side of forehead; diabetes insipidus, and, the last attack, gummata, involving the base of the brain and meninges. Under mercurial inunctions and increasing doses of the iodids he recovered his sight and the other brain symptoms disappeared. He now fills a responsible position in California and is in good health.

DR. GIVEN CAMPBELL: I would like to ask the doctor whether a lumbar puncture was made, and as to the amount of iodid that was given. The fact that the hearing was not involved would be a point in favor of syphilitic meningitis. It seems to me that the acute onset, the severe pain, the relapse while under the anti-syphilitic treatment might point more to a case of cerebro-spinal meningitis.

DR. J. K. BAUDUY: I know of no form of lepto-meningitis in which opisthotonos is a more predominant symptom than in cerebro-spinal meningitis, in which I think it one of the pathognomonic symptoms. On the other hand, there are certain symptoms, or rather lack of symptoms, which would corroborate Dr. Fairbrother's conclusion that his case was not one of cerebro-spinal meningitis. But taking into consideration again the epidemic prevalence of the disease and the marked and persistent opisthotonos, I must at least maintain that there is more than a reasonable suspicion as to the correctness of diagnosis. Syphilitic meningitis generally occurs either in the form of a diffuse inflammation of the dura mater, syphilitic pachy-meningitis or lepto-meningitis. I also would be inclined to the view that if it had been a syphilitic meningitis, it would have been very apt to assume more particularly the chronic nasal form with implication of the cranial nerves. The doctor's therapeutic procedures, though rational, do not clear up the question. The only point where I would take issue with the doctor is as to the diagnosis, as to whether it be of a specific character or not.

DR. WM. JOHNSTON: Dr. Jacobson reports a case where a man had syphilis and married. His child had syphilis and the mother escaped; do you think that is possible?

DR. J. K. BAUDUY: I certainly do; many such cases have been fully substantiated.

DR. F. J. LUTZ: I wish to ask Dr. Bauduy if it is possible to differentiate clinically between the symptoms of opisthotonos as we see it in cerebro-spinal meningitis and the opisthotonos with which we are familiar in tetanus.

DR. BAUDUY: I know of no distinction. I think the character of the opisthotonos is essentially the same, except, perhaps, that in spinal troubles it is more pronounced.

DR. SAXL: The symptom of choked disc in meningitis is certainly not a characteristic one. Choked disc we find mostly a characteristic of tumors of the brain. In syphilitic inflammation of a slow character we will not find choked disc as a rule. The fact that the edge of the disc is blurred is no proof of a pre-existing choked disc; a restauratio ad integrum to a vision of $\frac{20}{20}$ after the existence of a choked disc is hardly probable.

DR. HENDERSON: I agree with Dr. Saxl that choked disc is not a very prominent or constant symptom of meningitis, but must say that choked disc is not incompatable with normal vision. I recall a case seen in the office of Dr. Jennings. The patient had normal vision in each eye, and also a severe double choked disc of some months' standing. Would also say the lowered visual acuity incident to meningitis is not irreparable, as vision in many cases will slowly return. A symptom more frequently seen than choked disc is strabismus. I incline to the opinion that in Dr. Jacobson's case there was a syphilitic retinitis rather than choked disc.

DR. GIVEN CAMPBELL coincided with Dr. Bauduy's view on the sublect. It is not possible to lay down any symptoms complex and say it is syphilis. In this particular case lumbar puncture with a bacteriologic examination of the fluid would have excluded or determined the presence of cerebro-spinal meningitis.

DR. LUTZ: I want to ask one other question. From what Dr. Bauduy has said, I understand him to hold that opisthotonos is always associated with acute disease?

DR. BAUDUY: No, not always.

DR. LUTZ: I am unfamiliar with any disease which produces a condition simulating even opisthotonos that is not a result of an infection.

THE PRESIDENT: How about hysteria?

DR. LUTZ: We do not know that hysteria is not an

*See page 401, this number.

infectious disease. I am not ready to admit that even hysterical manifestations have not as their basis an infection, whether it is an auto-infection or an infection introduced from without. It is exceptional to have cerebral and spinal syphilis with the manifestation of acute symptoms; so that I believe the case of Dr. Fairbrother leaves reasonable doubt as to the syphilitic origin of the disease. Not every man who has syphilis, and who has a pleuritis, can be said to have his pleurisy due to the syphilitic infection. There is such a thing as the coexistence of separate infections.

Dr. Bauduy: In reply to Dr. Lutz, I would state I fully agree with the doctor that opisthotonos is usually pronounced infectious disease, such as cerebro-spinal meningitis and also tetanus. But your remark in this connection, Mr. President, I think was very pertinent. I cannot conceive that hysteria is an infectious disease. I think it is simply an affection in which there is a molecular cerebral disturbance. The opisthotonos of hystero-epilepsy is more exaggerated than in any other disease of which it is a symptomatic manifestation.

The President: I believe that mono-paralyses and mono-spasms are almost always syphilitic in origin. I want to call attention to a point in regard to the treatment of these cases, and that is the use of deep intramuscular injections of insoluble mercurial salts, or of the metallic mercury itself, suspended in oil or some proper menstruum. In cases in which I have used this method I must admit that the patients have complained of the pain for days after its use. I do not think the treatment of syphilis by deep intramuscular injection will ever be popular.

Dr. R. M. Funkhouser: I think that this case was one of syphilis, and that the main point in the treatment was the antisyphilitic treatment. It was a case in which deep injections might have been beneficially employed. I have had some experience in this method of treatment, and I think that in all syphilitic cerebral troubles and in very resisting cases of syphilis of the skin it is beneficial.

Dr. Fairbrother: The case of Dr. Jacobson was probably retinitis and not choked disc. With regard to Dr. Campbell's inquiry as to the dose of the iodid, I would say we did not increase the dose; but began with what we considered a full dose of 20 grains every three hours. The mercurial inunction was applied very freely on the occiput and posterior cervical region and groins for six weeks, when full ptyalism appeared. The doubt thrown upon the syphilitic character of this case is reasonable; but in my mind it is entirely and clearly a case of syphilitic disease. I did not intend to convey the impression that we had an acute trouble to deal with. For the first two or three days the fever was about 103; it then subsided and remained at about 100.

Current Medical Literature

DISEASES OF CHILDREN.

Incontinence of Urine in Children. — Huber* attempts to classify causes of this condition as follows: 1, malformations, such as small meatus, hypospadia, small bladder, epispadia; 2, organic diseases of the nervous system, idiocy, meningitis, chronic hydrocephalus, injuries or diseases of the cord; 3, functional disorders, epilepsy, chorea, diabetes, hysteria, neurasthenia, anemia with resulting poor innervation; 4, weak sphincter, resulting from (*a*) persisting infantile condition, (*b*) general muscular incompetency, (*c*) exhausting diseases with lowered vitality; 5, irritability of the bladder, from (*a*) inflammatory processes such as urethritis, balanopostitis, vulvovaginitis, nephritis, etc., (*b*) local, such as stone, polypi at neck of bladder, hyperacidity of the urine, etc., (*c*) external or reflex, such as preputial adhesions, irritation due to pin-worm, constipation, fissure, etc., distended bladder due to excessive secretion of the urine from whatever cause; 6, emotional or suggestive causes, to undue excitability of the sphincter as a result of the neurotic state or of masturbation, to enfeeblement of the will as a result of neurasthenia or of lymphatism (adenoids). The treatment of the condition must, of course, vary with the underlying cause; the general health should be looked after. Strychnin and iron given if necessary, the fluids to be restricted, particularly in the evening, the evening meal to be light, water to be passed before going to bed and a fall dose of belladonna given at bed time. It is sometimes good practice to arouse the patient once or twice during the night so that he may void urine.

Convulsions in Infants and Young Children. —C. G. Slagle† discusses this subject with reference to their point of origin, nature, cause and management. Many diligent and ingenious investigations have been made as to the points of origin of convulsions, but up to the present without satisfactory or demonstrable conclusions. In considering the predisposing causes, age, sex, heredity, temperament, environment, habits, season, etc., must be noted as contributory, while as central may be included diseases of high temperature, diseases accompanied by vascular stasis, diseases characterized by anemia and exhaustion, various toxic causes, organic central lesions, presumably organic disturbances of the brain, and peripheral or reflex causes. The natural instability of the nervous centers in young children is the most important of the predisposing causes. Of the direct causative agents, undoubtedly the food is

*Archives of Pediatrics, Nov. 18, 1899.

†Jour. A. M. A., Nov. 4, 1899.

the most common. Bad hygienic conditions often contribute, so that infant feeding and infant hygiene are the most important subjects in pediatric teaching. Treatment is divided into two parts: to relieve the paroxysm as soon as possible, and to endeavor to prevent recurrence by treating the systemic condition of which the convulsion is only a symptom. The usual remedies and measures to be employed are enumerated.

EYE, EAR, NOSE AND THROAT.

Serous Cyst of Iris Following Discission for Milky Cataract.—AYRES.* Cysts of the iris are of two kinds—the serous and the epidermoid. A variety of theories has been advanced as to the origin of the former. The latter, which are filled with fatty degenerated epithelial cells, are caused by the transmission of conjunctival epithelium into the substance of the iris. These cells find here favorable conditions for development, and thorough proliferation produce these so-called epidermoid cysts. Thus it is that cysts of the iris so often result from incised wounds, accidental or surgical. The author reviews the literature of a number of cases occurring after cataract operations, and reports a case in which a cyst formed in the anterior chamber of the eye following discission of a soft cataract. The early and radical extirpation of all such cysts is recommended.

Concerning Disturbances of Motion in the Larnyx.—GRABOWER† calls attention to the importance of the mechanical causes in vocal cord paralysis. This part of the subject has been much neglected in literature. The case quoted by the author to illustrate this point is briefly the following: In a patient 43 years old, who had had syphilis 12 years before, the voice was found to be hoarse and rough. The examination of the nervous system was negative. Laryngoscopic examination: the right vocal cord during respiration and phonation stood 1 to 1½ mm. from the middle line, the left vocal cord normal; there existed then on phonation a lessened space of 1 to 1½ mm., which caused the small degree of hoarseness; sensation and reflex activity of the rest of the larnyx was normal; at first sight there seems to have existed a paralysis of the right crico-arytenoideus posticus, with secondary contractures of the adductors. If, however, the etiology is carefully considered, the diagnosis of posticus paralysis can not be maintained; but the condition is due to a false ankylosis of the right crico-arytenoid joint, with fixation of the joint and the vocal cord belonging to it, in a position near the middle line. The grounds for this diagnosis are the lack of any evidence for a nervous or myopathic paralysis of the cords, the history of an infectious disease antedating the appearance of the symptoms, which could well produce an ulcerative process leading to an ankylosis. The pathogenesis of the condition may be summed up as follows: An ulcer, caused either by the typhoid or the syphilis, was situated in the neighborhood of the posterior end of the right vocal cord; cicatricial tissue was formed, at a certain depth, which spread around the crico-arytenoid joint, and immobilized it; so we have to do here with a false ankylosis of the arytenoid joint.

Treatment of Naso-Pharyngeal Adenoids.—LAUTENBACH* avoids where possible the use of anesthetics in the removal of naso-pharyngeal adenoids, because of the risk. The pharynx of the child is explored by the index finger, and if adenoids are felt are at once removed by the finger-nail. Care is taken not to injure the tissues about the orifice of the eustachian tube. Should the finger-nail prove inadequate the author uses his jointed steel finger-nail, which fits over the end of the index finger. It is well to wrap the first phalanx of the finger with adhesive plasters for protection.

The Relation of Pathologic Conditions in the Ethmoid Region of the Nose and Asthma.—F. H. BOSWORTH.† An intimate connection between the mucous membrane of the nose and that of the bronchial tubes is presupposed; the disturbance of one part means a disturbance of the other, while a healthy functionating condition of the mucous membrane of the nose tends to a like healthy condition as that of the bronchial tubes. In this fact, established by clinical observation, lies the basis for consideration of the relation between asthma and disease of the nasal cavities. Edematous hypertrophy, polypoid degeneration and nasal polypi are spoken of as being intimately associated with asthma. In addition, these all indicate and are clear symptoms of ethmoiditis. Often cases of asthma are relieved by the removal of polypi, yet the asthma remains. This is because the disease in the ethmoid cells, of which the polypi are merely manifestations, has not been relieved. By making a radical operation not only are the polypi removed and the patient protected from further recurrence of them, but the asthma is cured. Various methods of carrying out radical treatment are discussed.

Some Ocular Manifestations of Arteriosclerosis.—BEARD.‡ Among the ocular manifestations of arteriosclerosis are mentioned: extreme sinuosity of the veins of the fundus, orange dots in the choroid, emboli and thrombi of the vessels, with hemorrhages and white exudates over the affected area, meandering retinal vessels with changes in their walls, etc., etc. The author recommends the use of the ophthal-

*Jour. A. M. A., Nov. 18, 1899.
†Berl. klin. Woch., Oct. 30, 1899.

*Jour. A. M. A., Nov. 18, 1899.
†N. Y. Med. Jour., Nov. 18, 1899.
‡Jour. A. M. A., Nov. 18, 1899.

moscope as an early diagnostic aid in arteriosclerosis. To the oculist its timely application offers unbounded possibilities in the way of diagnosis, prognosis and prophylaxis.

Albuminuric Retinitis.—SAMUEL WEST* discusses the subject of albuminuric retinitis, and in this connection says the statements of the authorities are conflicting. The lesions of albuminuric retinitis consist in white patches, hemorrhages and exudation, variously combined with each other, and lastly quasi-inflammatory conditions. He says that there are two forms of albuminuric retinitis, the degenerative and exudative, and the differential points between them are plain. They stand in strong contrast with each other in the following respects: 1, of the form of disease with which they are usually associated—the degenerative with granular kidney, the exudative, especially with parenchymatous nephritis; 2, of their nature and cause, the exudative being inflammatory and probably toxic in origin, the degenerative consequent on vascular changes and more or less mechanical in origin; 3, of sight, for the exudative, even in the extreme forms may recover with little or no defect of sight, but with the degenerative, if there is any impairment of sight, it is usually progressive; 4, of diagnostic value, the exudative being present in parenchymatous nephritis where the diagnosis is clear, while in granular kidney sometimes the diagnosis is obscure, and this condition makes clear the diagnosis; 5, of risk to life, while it indicates a serious general disease in either form, it is especially in the granular kidney cases that we must look for danger from arterial disease.

Case in Which Both Eyes Were Lost from Choroidal Hemorrhage Subsequent to Extraction of Senile Cataract.—BAKER.† The two cataracts, though extracted one year apart, resulted similarly. Six days after the removal of the first one a choroidal hemorrhage resulted, iridocyclitis followed, and enucleation was necessitated. One year later the patient returned and the extraction of the remaining cataract was attempted. Within a half-hour the entire contents of the eye were forced out by a choroidal hemorrhage, and this eye too was lost. Some decline to operate on the second eye when choroidal hemorrhage has resulted from the first, but the author does not consider this stand a justifiable one. The method of reclination is mentioned as the one promising best results.

INTERNAL MEDICINE.

An Unusual Case of Acute Rheumatic Fever.—J. L. SALINGER‡ reports a case which is interesting on account of the manifold complications which occurred. These consisted of pericarditis, pleurisy, with serious effusion, facial erysipelas, and otitis media. There could be no question of infection by the Fehleisen streptococcus causing the joint affection, as the patient was in the hospital ward twelve days before the erysipelas appeared, and had the rheumatic fever for eighteen days prior to the manifestations of the erysipelas. In this case the erysipelas was an intercurrent affection, and had no etiologic bearing on the acute articular rheumatism. As a complication of this disease erysipelas must be exceedingly rare, and even otitis media during the course of erysipelas is rare. Polyarthritis occurring during an attack of erysipelas is not so rare, a number of cases having been reported. In such cases the knee-joint was primarily affected; the polyarthritis is due to septic infection in the greatest majority of cases, the streptococci having been found in the affected joints, so that these cases cannot be said to have anything in common with true rheumatic fever.

The Defence of the Cardiac Orifices Other Than Valvular.—D. W. SAMWAYS* attempts to show how the cardiac orifices are defended by means other than valvular. He contends that the auricular contraction is going on even while the ventricular systole is beginning, and that therefore the auriculo-ventricular valves do not close during the very beginning of the ventricular systole. It can therefore be seen that the absence of murmurs of a regurgitant nature in cases of moderate mitral stenosis can be easily explained if this proposition be true. He concludes by saying that: 1. The absence of murmurs in stenosis of the mitral orifice is due to the fact that the auriculo-ventricular valves are still open during the systole of the ventricle, but that the blood cannot regurgitate because of the intra-auricular pressure. 2. Regurgitation and a systolic murmur may appear as the stenosis advances, because of the mechanical dilatation of the auricle. 3. The auricular systolic murmur of mitral stenosis may reasonably be supposed to be presystolic or systolic, since the auricular systole, like the murmur, runs up to and into the ventricular systole. 4. Hypertrophy of the auricle, so common in mitral stenosis, would aid or exaggerate the above results.

Pneumonia Following a Case of Spasmodic Cerebro-Spinal Meningitis.—F. H. MURDOCH† reports the following case: A healthy boy of 8 years was taken suddenly ill; temperature was 101°, pulse 120, pupils dilated, and pain in his head. The following day his condition was unchanged, excepting that there was rigidity of the muscles of the neck to such an extent that the whole body could be raised without flexing the neck, by placing the hand under the occiput. The lungs were perfectly clear. On the third day pneumonia developed, which involved the lower lobe of the left lung. At this ex-

*Brit. Med. Jour., Oct. 28, 1999.
†Jour. A. M. A., Nov. 18, 1899.
‡Phila. Med. Jour,, Nov. 18, 1899.

*Brit. Med. Jour., Oct. 28, 1899.
†Phila. Med. Jour., Nov. 18, 1899.

amination it was found that the stiffness of the neck muscles had disappeared. The pneumonia ran its course without anything unusual happening, and the boy made a good recovery. That this was a case of meningitis complicating pneumonia seems unlikely, for the pneumonia developed only on the third day of the illness; stiffness of the neck muscles is unusual in the meningitis of pneumonia, and death usually results in pneumonia complicated with meningitis. The bacillus present in this case was thought to be the pneumococcus, showing that sporadic cases are not all caused by the same organism.

On the Recognition of Enlargements of the Left Auricle by Percussion.—William Ewart* says that in health the normal postcardial dullness contains a smaller, more accentuated dullness, which is that yielded by the left auricle itself. The "left auricular dullness" is a small semilunar area, convex upwards, and including the eighth and ninth dorsal spines. These spines, particularly the ninth, are relatively dull, or at any rate less resonant, on percussion than the adjoining spines, and we rely on this quasi-dullness of the ninth spine as the land-mark which serves to localize the left auricle. This auricular dullness is slightly enlarged, particularly upwards, in subject suffering from mitral stenosis. Aneurysm may also affect this dullness in a similar way. Enlargements of the infratracheal glands may be made out by noting the modification in the dullness around the fifth dorsal spine.

Remarks on the Present Mild Type of Small-Pox.—W. M. Welch† describes the course of the disease as occurring in the majority of cases of the present type. The description resembles the clinical picture of mild varioloid, yet in nearly all of the cases described there was no modifying influence operating, such as results from vaccination or a previous attack of the disease. The differential diagnosis between it and some of the affections with which it has been more frequently confounded, is discussed. These affections are especially varicella, impetigo contagiosa, and pustular syphiloderm. In varicella the lesions appear as distinct vesicles, containing clear serum; they are usually seen first on covered parts of the body, especially on the back; they appear in successive crops; they vary in size, are unilocular, soft and velvety to the touch, and are readily broken by the finger nail. They run their course in two to four days; the crusts are thin, brown and friable, and when they have fallen off red instead of pigmented spots remain. Impetigo contagiosa is rarely attended by rise of temperature, has no initial stage, appears first in the form of vesico-pustules, which spring up on an apparently normal skin. They are superficial, enlarged by peripheral extension, and remain flat. The crusts may be thin or thick, vary from straw to brownish hue, and are lightly adherent; after natural shedding of the crusts there remain for a short time red spots, but never scars. The lesions are auto-inoculable. Pustular syphiloderm very often resembles small-pox. The eruption in both is preceded by fever and various aches and pains, and the lesions begin as papules and end in pustules. The lesion of syphilis progresses by the formation of a minute vesicle at its summit; its contents first becomes turbid and then pustular. Sometimes the pustule is limited to the apex of the papule, and appears to rest on a highly indurated base; in the other lesions the entire papule is involved, and the suppuration is followed by deep peculiar scars. After the crusts have fallen off the indurated base gradually disappears, leaving pigmented discolorations of a dark, coppery hue. Pustular syphiloderm may be distinguished from small-pox by the milder constitutional symptoms during the initial stage, by the absence of shot-like induration of the papules, by the formation of small vesicles at the summit of the papules, by the indurated base of each vesicle, by the lesions appearing in crops, by absence of umbilication, by tendency to ulceration, by discoloration, and by concomitant symptoms of syphilis.

*Brit. Med. Jour., Oct. 28, 1899.

†Phila. Med. Jour., Nov. 18, 1899.

NERVOUS AND MENTAL DISEASES.

Concerning a Condition of Anxiety with Blushing (Erröthungs-Angst).—H. Brasset* contributes two cases of this condition, which was first described by Bechterew as a definite form of pathologic disturbance. It consists of a feeling of anxiety, together with an intense blushing of the face, which takes place at frequent intervals, with no especial reason, in speaking with people or in meeting them for the first time, etc. The effect is to make the individual embarrassed, uncertain and awkward. The most important symptom is the state of anxiety of the patient. Another important point is that often this state can be brought about by the patient merely thinking about his condition. The two cases described by the author illustrate these various symptoms. In both cases evidences of a neuropathic tendency were found. A neurotic family history was present in one of the cases. There is probably no connection between this condition and "imperative idea." Bechterew's explanation is probably correct. The condition is one of pathologic anxiety, which originates from a neuropathic tendency and is developed by a state of nervous irritability. The treatment of such conditions is hygienic and suggestive.

Tabes Dorsalis. — C. L. Dana† discusses the pathology, diagnosis, and treatment of tabes, based on the results of personal studies and experience.

*Neurologlishes Centralblatt, Oct. 1, 1899.

†N. Y. Med. Rec., Nov. 18, 1899.

Tabes is not an inflammation or the result of inflammation. It is primary atrophy or decay attacking the tissue itself. It is not due to syphilitic or any other kind of meningitis compressing the roots. The nature of this primary and steady decay is not known. Modern syphilitic literature recognizes latent syphilis with final tertiary symptoms, but the progressive degeneration of nervous centres is not tertiary syphilis, and is not influenced by it. Modern syphilitic treatment does not in the least affect it, and still it is called syphilis. The only other factors in the causation of tabes are heredity and over-use or abuse of the spinal cord. When developing in its classical way, tabes is easily diagnosed. Loss of knee-jerk, with one other symptom, is usually sufficient for a probable diagnosis. In about ten per cent. of the cases the disease has an anomalous beginning. These are discussed as rectal crises, neuralgic crises, gastric crises, arthropathic type, optic type, syphilitic type, larnygeal crises. In all cases with a distinct history of syphilis vigorous courses of iodid and mercury should be given. This is followed by tonic and bath treatment, with counter-irritation to the spine. The purely degenerative cases, without any evidence of syphilis, must be treated at once as though they were getting prematurely old. Rest and strychnin are beneficial.

An Unusual Form of Bullet Wound of the Brain and the Degeneration of the Posterior Columns Following It.—G. Bikeles.* A 19-year-old boy was accidentally shot in the head, the bullet entering the brain at the right frontal region. After twelve days the boy died. At the autopsy the entrance point of the bullet was found at the border of the gyrus frontalis med. and gyrus front. infer. The course of the bullet was very complicated, involving the corpus striatum, the Rolandic fissure gyrus, occiptalis III. and a part of the cuneus. No eye examination could be made, owing to the stuporous condition of the patient. A paralysis of the left arm had existed; a paresis of the left leg only was observed. Sensation to touch and pain was lessened in the left arm and leg. The focal symptoms can very well be brought into relation with the loss of substance in the brain; but the general symptoms, from the very beginning, were very pronounced, though no important hemorrhage was found. Stupor and headache were present. The condition of somnolence cannot be explained by the direct effect of the bullet wound, this must be considered as an indirect result. This case is a further proof that the appearances of a concussion of the brain are not shown by symptoms produced in the neighborhood of the trauma, but often by symptoms which point to affections of distant parts of the central nervous system. The spinal cord was examined by the Marchi method. It showed just above the pyramid, crossing a well marked degeneration of the right pyramid, while the left had only a few degenerated fibres. Deeper in the cervical cord the right direct pyramidal tract and the left lateral pyramidal tract were degenerated. The right lateral pyramidal and the left direct pyramidal tracts were only slightly degenerated. In the dorsal cord the right direct pyramidal and the left lateral pyramidal tracts were only slightly degenerated. The posterior columns showed a degeneration in all parts of the cord examined, but not symmetrical in extent. It extended to the nucleus gracilis, and was more pronounced in the cervical region.

*Neurologlisches Centralblatt, Oct. 1, 1899.

The Vegetable Neurotics. — Butler,* in this paper, discusses the uses and abuses of certain vegetable neurotics, viz.: conium, opium, belladonna, hyoscyamus, aconite, and mandragora. The acquired opium habit in infants through the use and abuse of soothing syrups, and the congenital habit transmitted through the mother, are at the present time engaging the attention of obstetricians, and require most tactful treatment. Apomorphia is too seldom used as a nerve sedative. It is to be especially recommended in the treatment of alcoholism. Conium, as a fluid extract, is an admirable motor sedative. It is to be especially recommended in acute mania, paretic dementia, to overcome the unpleasant effect of sulphonal, in whooping cough, etc. Hyoscyamus decreases the irritability of the heart, and is especially indicated in cardiac and pulmonary asthma, and in some cases of acute and chronic nephritis. Hellebore and mandragora, though seldom used at the present time, occupy an important place in the materia medica, and should command some attention from modern therapists.

The Pathogenesis of Functional Nervous Diseases and Their Prophylactic Indication. — J. Punton† calls attention to some of the more common elements which experience proves play the most prominent part in the pathogenesis of nervous affections, the pernicious influences of which, to some degree at least, come within the province of the family physician to correct, modify, and even overcome. It is agreed that heredity plays the chief rôle in the pathogeny of nervous diseases. The same causes that produce deterioration in the parent are often allowed to have full sway in the child, already predisposed, and then a still greater neurotic change is liable to occur. The abnormal conditions of inheritance are largely the results of injudicious and unphysiologic modes of life of the parents, which produce a lesion of nutrition by contaminating the blood, which again produce metabolic changes in the constituents that materially influence and lessen its vitaliz-

*Jour. A. M. A., Nov. 18, 1899.

†N. Y. Med. Rec., Nov. 18, 1899.

ing power of the nerve centres. That the integrity of the nervous system largely depends upon its proper blood supply is a physiologic axiom, and any interference with this normal co-relation becomes a pathogenic factor. This theory can be supported by four-fold proof: first, by analysis of the family history; second, by actual demonstration in the histologic laboratory; third, by clinical observation and experience; and fourth, by actual results in treatment of the neuroses. From a consideration of these facts, the appropriate prophylactic and therapeutic indications are clearly defined.

A Cortical Centre for One-Sided, Contra-Lateral Narrowing of the Pupils in Rabbits.—J. PILTZ* has found that on the cortex of a rabbit on the boundary line between the occipital and parietal portion near the middle line, is a field the stimulation of which causes a narrowing of the pupils.

SURGERY.

The Pathology and Therapy of Cancer.—A. C. BERNAYS† in this discussion used the word cancer in its general sense, including the two forms of malignant neoplasms known as carcinoma and sarcoma. He holds that the sharp line that has been drawn between these two forms of neoplasms cannot be maintained and that a line cannot always be drawn which will everywhere separate malignant from benign tumors. Reference is made to the attempts to solve the question as to the etiology of tumors, a question which still remains unsettled. He has never seen a spontaneous cure of a cancer, nor one cured by indication of any kind whatever in which the diagnosis of cancer was established beyond all doubt. In all operable cases the surgeon should not put off the operation for a period of more than four or six weeks. Cancer being a local disease in the beginning and spreading by way of the lymphatics and vessels, must be quite curable when it is possible to remove all the offshoots from the primary nodule. If the operator sets out to cure a case of cancer he will make up his mind to remove all of the diseased and suspicious tissues. The object of the paper is to advocate early and radical interference by operative extirpation and to combat the tendency of some surgeons to operate only on quite simple cases. When the disease is clearly curable and the danger slight, immediate operation is urged, with prospects of a cure as highly probable. When there is considerable involvement of lymphatics, the patient is told that there is a chance of a cure and the attempt at a radical extirpation should be made. When the danger of an operation is very great, but where it is thought that all involved tissue can be removed, the danger of immediate death on the operating table is presented and the patient inspired with some expectation of being benefited by the possibility of a cure and the probable prolongation of life. In anatomically impossible cases it is not justifiable to refuse to operate in some fashion, if, after knowing the hopelessness of the condition, the patient demands that an operation be done. The management of cancer of the stomach is considered more in detail. If a cure can be reasonably hoped for, excision of the diseased tissue should be at once contemplated, because if there is a chance of a cure we have a right to undertake a dangerous operation. If cure is anatomically impossible, an operation must be performed which will ameliorate the patient's condition by overcoming the stenosis and by preventing starvation. The operation chosen for this purpose is one of the forms of gastro-intestinal anastomosis. The diagnosis of cancer of the stomach is not always made in the early stages. Operation should be recommended if there are symptoms of chronic stomach trouble in persons above middle age which point to ulcer or stenosis, and we should not wait until a tumor could be felt. Even when the chemical action of the stomach is normal there may be malignant disease. Exploratory incision is free from danger, and by its means an early diagnosis can be made, and sometimes good service rendered even if non-malignant trouble is found. Surgery is indicated even in benign ulcers, a condition most commonly confounded with cancer. The most important indication for surgical interference is a suspicion that the case is one of cancer.

Report of a Case of Brain and Other Abscesses.—D. M. GREENE* reports a case of multiple abscesses occurring in a man, following tonsillar abscess and non-perforating suppurative otitis media. After the evacuation of the tonsillar abscess, one formed over the tenth rib on the left side, from which several ounces of pus were evacuated. He developed aphasia, replying "no" to everything asked, or speaking only that word when he wanted anything, though evidently understanding everything said to him. There was absence of choked discs, constant dilatation of the right pupil, reaction of both pupils to light. Pus could be seen through the tympanic membrane. There was hyperesthesia over the entire left side; muscular co-ordination was perfect. The mastoid and tympanum were opened and a small quantity of thick pus evacuated. A large collection of pus was found in the left chest, which was found to be mediastinal. A few days later paralysis was noticed in the right side of the face, which gradually extended over the entire side to the toes. Two weeks later an abscess on the left side of the pharynx was opened, and later suppuration of the glands along the deep jugular vein. Some weeks later the patient was operated upon; a large abscess was found about the fissure of Rolando, from which three

*Neurologische Centralblatt, Oct. 1, 1899.

†N. Y. Med. Jour., Nov. 4 and 11, 1899.

*Jour. A. M. A., Nov. 11, 1899.

ounces of fetid pus was removed. The patient rallied from the operation, and in three days the motor paralysis passed away, and in one week he was walking. Speech gradually returned, so that he could talk very well. At the end of two weeks only a drainage hole remained open, and the patient passed from under observation. Some time later he developed cerebritis and died; an autopsy was made.

An Unusual Accident.—E. MARSHALL.* A boy, 12 years old, had his hand caught between the belt and pulley of revolving shafting; the belt wound the hand and arm around the pulley, finally tearing away the arm, the scapula and over half of the clavicle from the trunk, the entire shoulder and arm being left upon the field. The fragments were removed; the great vessel was torn in two in the third part of the subclavian joint before it changes its name to axillary. This was the only vessel ligated. By the tenth day the patient could walk about. A Röntgen-ray picture and photographs are given which illustrate the condition after operation; the head leans slightly to the right, even though parts of the right trapezina and sternocleido-mastoid muscles are missing. Fortunately, most of the tissues were removed that would have suffered by the ligation of the subclavian artery.

Some Clinical Observations in Rectal Diseases.—B. S. DUNN† calls attention to a cause for chronic pruritus ani, which may have been overlooked by others. This is the presence of a small superficial ulcer placed between the internal and external sphincters, on the posterior surface, but which may be also sometimes found on the anterior surface of the gut, and in this situation is very likely to be unnoticed. No amount of local treatment will cure the pruritus until this cause, when present, is discovered and treated. If cases cannot submit to radical treatment, the patient comes to the office, the field is anesthetized by applying a 4 or 5 per cent. solution of cocain, and then pure lactic acid spread on cotton is applied to the surface of the ulcer. After allowing it to remain for a moment, the surplus acid is wiped away, and the patient ordered to inject with an ordinary syringe two ounces of a 25 per cent. solution of hydrogen dioxid morning and evening, and, if possible, directly after each movement of the bowels. Two cases are reported which show that more than ordinary attention is necessary in cases of rectal trouble. Both patients presented themselves on account of pruritus ani, and in each it was decided upon examination that the condition was due to a fissure. A lotion and ointment was prescribed, and the patients told to report in a week. The patients developed ischiorectal abscess, which required operation and hospital treatment for six weeks.

*N. Y. Med. Jour., Nov. 18, 1899.
†Jour. A. M. A., Nov. 11, 1899.

Pamphlets Received

Some Prophylactic Measures with Especial Reference to Infants and Children, by W. L. Johnson, M.D. (Reprint from *Philadelphia Medical Journal.*)

The Diagnostic Value of Abdominal Palpation in Diseases of the Intestines, by Charles D. Aaron, M.D. (Reprint from *Mathews' Quarterly Journal.*)

Hydrochloric Acid, Simple Method of Administering, by Charles D. Aaron, M.D. (Reprint from *Journal American Medical Association.*)

Carcinoma of the Duodenum, by Charles D. Aaron, M.D. (Reprint from *Philadelphia Medical Journal.*)

The Failure of Antitoxin in the Treatment of Diphtheria, by J. Edward Herman, M.D. (Reprint from *Medical Record.*)

Seven One-Minute Points on Syphilis of the Nervous System, by Hugh T. Patrick, M.D. (Reprint from *Chicago Recorder.*)

A Case of Syringomyelia and Two Cases of Tabes with Trunk Anesthesia, by Hugh T. Patrick, M.D. (Reprint from *Journal of Nervous and Mental Diseases.*)

Empyema of the Gall Bladder, by J. E. Summers, Jr., M.D. (Reprint from *Western Medical Review.*)

Treatment of Tuberculosis; a Therapeutic Measure Based on Physiologic Considerations, by J. F. Peavy, M.D. (Reprint from *Journal of the American Medical Association.*)

The Treatment of Retrodisplacements of the Uterus, by Hunter Robb, M.D. (Reprint from *American Journal of Surgery and Gynecology.*)

Headaches; Causes and Treatment, with Especial Reference to Nasal and Ocular Headaches, by A. D. McConachie, M.D. (Reprint from *Maryland Medical Journal.*)

Femoral Artery and Vein: Their Destruction Without Loss of Leg, by B. Merrill Ricketts, Ph.B., M.D. (Reprint from *Journal American Medical Ass'n.*)

Cranial Injuries of Childhood and Their Treatment, by B. Merrill Rickets, Ph.B., M.D. (Reprint *Virginia Medical Semi-Monthly.*)

Rectal Carcinoma With Subsequent Colotomy, by B. Merrill Rickets, Ph.B., M.D. (Reprint from *Philadelphia Medical Journal.*)

The Resection of the Cervical Sympathetic in the Treatment of Epilepsy, of Basedow's Disease and of Glaucoma, by Thomas Jonnesco, Burcharest. Translated by Willard Bartlett, A.M., M. D. (Reprint from *Medicine.*)

Aneurysm of the Aortic Arch; Ligation of Right Subclavian and Common Cartoid Arteries, by B. Merrill Ricketts, Ph.B., M.D. (Reprint from the *Journal of the American Medical Association.*)

Practical Therapeutics.

Treatment of Asthmatic Attacks.—RIEGEL,* in an interesting discussion of the pathogenesis of asthma, concludes that the condition is due to cramp of the bronchial musculature, superinduced by irritation of the vagus. Therapeutically, therefore, our object must be two-fold: first, to remove the exciting causes and to diminish the excitability of the nerves; in the second place, we must abort if possible, or at least shorten the attacks. The means ordinarily used for this purpose are anti-spasmodics and narcotics. Hypodermics of morphin, the use of chloral, chloroform, cocain, nitrite of amyl and nitro-glycerin, have all rendered good service. The author, however, has found that in a large series of cases excellent results have followed the use of atropin, which directly diminishes the excitability of the nerve. Years ago Trousseau advocated the use of belladonna, turpentine, and arsenic, in cycles of ten days each, in asthma. But for the treatment of the attack itself, the atropin has not been extensively used. The drug should be used hypodermically, in doses of from $\frac{1}{120}$ to $\frac{1}{60}$ of a grain, and the best results have followed its administration early in the attack.

Sulphate of Magnesia.—CULBERTSON.† The virtues of sulphate of magnesia are not fully appreciated. As a purgative it should be given in the morning, a dram to an ounce in a pint of hot water. In this manner the peristalsis is increased and a diuretic action is produced. Given at bedtime in a small dose it acts as a sudorific and diuretic, the laxative action being scarcely produced.

In dysentery, sick headache, congested conditions of the rectum, in gynecologic cases and as a cholagogue, this household remedy has no superior. It should be prescribed as sulphate of magnesia, not as "epsom salts."

The Treatment of Goitre.—BOUFFLEUR‡ has arrived at the following conclusions in the treatment of goitre: 1, successful treatment depends upon accurate and early diagnosis of the nature of the goitre; 2, struma should be treated by internal use of iodin or thyroid extract and the intraparenchymatous injection of iodoform or carbolic acid; 3, if these fail, either enucleation or partial thyroidectomy is indicated; 4, adenoma should be treated by enucleation if the tumor is small, and by partial thyroidectomy if of large size; 5, cysts should be treated by evacuation and injection of carbolic acid; 6, if this fails they should be enucleated; 7, sarcoma and carcinoma should be treated by complete removal of the thyroid gland, with subsequent administration of thyroid extract; 8, the treatment of exophthalmic goitre is generally unsatisfactory, and at the present time surgical measures promise the best results; 9, the differentiated goitre may be treated by thyroid extract and iodin, but intraparenchymatous injections, and if necessary operative treatment, should be employed early; 10, the surgical treatment of all varieties of chronic goitre is, generally speaking, the most successful and most satisfactory.

*Deutsche Medicinische Woch., Oct. 12, 1899.
†Jour. A. M. A., Nov. 18, 1899.
‡Medicine, November, 1899.

Finsen's Phototherapy.—The method consists in treating local superficial bacterial skin diseases by the concentrated chemical rays of light. BIE,* who is first assistant to Prof. Finsen, says that the experimentally proved data on which this method is founded are the following: 1. The bactericidal property of the chemical rays of light. 2. The power of the chemical rays of light to produce an inflammation of the skin (erythema solare). 3. The power of the chemical rays of light to penetrate the skin. Good results have been obtained by Finsen in the treatment of lupus and alopecia areata.

The Preparation and Administration of Pills, Tablets and Capsules.—FINKELPEARL.† Pills can be said to be soluble only when they are composed of soluble substances. Manufacturers often employ this term wrongly to convey the idea that their pills, pellets, etc., break up in the stomach or intestines. Disintegrable would be a more correct term in this case. Resinous substances disintegrate slowly, while alkaloids, their salts, etc., disintegrate easily. Age and excessive firmness of the pills, disturbed motility of the stomach and intestines, and abnormal digestive juices are all factors which retard this disintegration. The mass in capsules should only be employed where powder is impracticable. Since the age of pills has much to do with their efficacy, it should be demanded of manufacturers that every bottle bear the date on which they were made.

The Rush Medical College has considered and finally decided to issue a bulletin for the publication of the scientific communications of the members of the faculty and students. This publication will not be a medical journal in the ordinary sense of the word, but will be in the form of a report. The details are still under consideration.

For Sale.—A lucrative eye, ear, nose and throat practice in a prosperous western city. Purchaser should be an expert operator and refractionist. Full information on application to

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*Brit. Med. Jour., Sept. 30, 1899.
†Jour. A. M. A., Nov. 18, 1899.